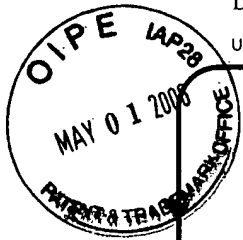


Doc

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

2+

Application Number

09/112,608

Filing Date

07/09/1998

First Named Inventor

Akio Ohba

Art Unit

2614

Examiner Name

Jason P. Salce

Attorney Docket Number

TM&K-48444

ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment / Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):

Pre-Examination Amendment
Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Fulwider Patton LLP

Signature

Howard N. Sommers

Printed name

Howard N. Sommers

Date

April 26, 2006

Reg. No.

24,138

CERTIFICATE OF TRANSMISSION/MAILING

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Howard N. Sommers

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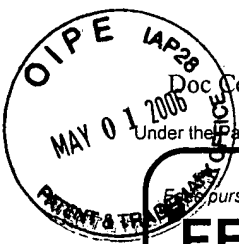
Howard N. Sommers

Date

4/26/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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Enacted pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$0.00

Complete if Known

Application Number	09/112,608
Filing Date	07/09/1998
First Named Inventor	Akio Ohba
Examiner Name	Jason P. Salce
Art Unit	2614
Attorney Docket No.	TM&K-48444

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Deposit Account Number: 06-2425 Deposit Account Name: Fulwider Patton

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- 20 or HP = _____	x \$50.00	= \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- 3 or HP = _____	x \$200.00	= \$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 _____	x \$250.00	= \$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Howard N. Sommers</u>	Registration No. (Attorney/Agent)	24,138	Telephone	310-824-5555
Name (Print/Type)	Howard N. Sommers			Date	4/24/06

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Howard N. Sommers
Howard N. Sommers, Reg. No. 24,138

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: : Akio Ohba
: :
Application No. : 09/112,608
: :
Filing Date : July 9, 1998
: :
For : ENTERTAINMENT SYSTEM, PICTURE
: DISPLAY APPARATUS, INFORMATION
: PROCESSING APPARATUS AND
: SYNCHRONIZATION CONTROL METHOD

Examiner : Jason P. Salce
: :
Art Unit : 2614
: :
Confirmation No. : 7119
: :
Docket No.: : TM&K-48444
Customer No. : 24201

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRE-EXAMINATION AMENDMENT

Dear Sir:

Please amend the above-identified application as follows:

INTRODUCTORY COMMENTS

Presented below is a complete set of claims with current status indicators. Claims 55, 57 and 60 have been amended. Please enter the amended claims 55, 57 and 60.